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Approved for release through 09/30/2000. OMB 0651-0032  
Patent and Trademark Office: U.S. DEPARTMENT OF COMMERCE

PTO/SB/05 (4/98)

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# UTILITY PATENT APPLICATION TRANSMITTAL

(Only for new nonprovisional applications under 37 C.F.R. § 1.53(b))

Attorney Docket No.

00EC018/77779

First Inventor or Application Identifier

Shambaugh

Title METHED OF CREATING SCRIPTS BY TRANSLATING  
AGENT/CUSTOMER CONVERSATIONS

Express Mail Label No.

EL642289386US

## APPLICATION ELEMENTS

See MPEP chapter 600 concerning utility patent application contents

## ADDRESS TO:

Assistant Commissioner for Patents  
Box Patent Application  
Washington, DC 20231

1. ☒ \*Fee Transmittal Form (e.g. PTO/SB/17)  
(Submit an original and a duplicate for fee processing)

5. ☐ Microfiche Computer Program (Appendices)

2. ☒ Specification  
(preferred arrangement set forth below) Total Pages 20

6. Nucleotide and/or Amino Acid Sequence Submission  
(if applicable, all necessary)

- Descriptive title of the Invention
- Cross References to Related Applications
- Statement Regarding Fed sponsored R & D
- Reference to Microfiche Appendix
- Background of the Invention
- Brief Summary of the Invention
- Brief Description of the Drawings (if filed)
- Detailed Description
- Claim(s)
- Abstract of the Disclosure

a. ☐ Computer Readable Copy

b. ☐ Paper Copy (identical to computer copy)

c. ☐ Statement verifying identity of above copies

3. ☒ Drawing(s) (35 U.S.C. 113) Total Sheets 2

4. ☒ Oaths or Declaration

Total Pages 12

a. ☒ Newly executed (original or copy)

b. ☐ Copy from a prior application (37 C.F.R. § 1.63(d))  
(for continuation/divisional with Box 16 completed)

i. ☐ **DELETION OF INVENTOR(S)**  
Signed statement attached deleting  
inventor(s) named in the prior application,  
see 37 C.F.R. §§ 1.63(d)(2) and 1.33(b).

## ACCOMPANYING APPLICATION PARTS

7. ☒ Assignment Papers (cover sheet & document(s))

8. ☐ 37. C.F.R. § 3.73(b) Statement  
(when there is an assignee) ☐ Power of Attorney

9. ☐ English Translation Document (if applicable)

10. ☐ Information Disclosure  
Statement (IDS) PTO-1449 ☐ Copies of IDS Citations

11. ☐ Preliminary Amendment

12. ☒ Return Receipt Postcard (MPEP 503)  
(Should be specifically itemized)

13. ☐ \*Small Entity Statement(s)  
(PTO/SB/09-12) ☐ Statement filed in  
Prior application,  
Status still proper  
and desired

14. ☐ Certified Copy of Priority Document(s)  
(if foreign priority is claimed)

15. ☐ Other: \_\_\_\_\_

NOTE FOR ITEMS 1 & 13: IN ORDER TO BE ENTITLED TO PAY SMALL  
ENTITY FEES, A SMALL ENTITY STATEMENT IS REQUIRED (37 C.F.R. §  
1.27), EXCEPT IF ONE FILED IN A PRIOR APPLICATION IS RELIED UPON (37  
C.F.R. § 1.28).

16. If a **CONTINUING APPLICATION**, check appropriate box, and supply the requisite information below and in a preliminary amendment

☐ Continuation ☐ Divisional ☐ Continuation-In-Part (CIP) Of prior application No.:

Prior application information: Examiner not yet assigned Group/Art Unit:  
FOR CONTINUATION or DIVISIONAL APPS ONLY: The entire disclosure of the prior application, from which an oath or declarations supplied  
Under Box 4b, is considered a part of the disclosure of the accompanying continuation or divisional application and is hereby incorporated by  
Reference. The incorporation can only be relied upon when a portion has been inadvertently omitted from the submitted application parts.

## 17. CORRESPONDENCE ADDRESS

☐ Customer Number or Bar Code Label (Insert Customer No. or attach bar code label here) or ☒ Correspondence address below

Name Jon P. Christensen, Esq.

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City Chicago State Illinois Zip Code 60606  
Country USA Telephone (312) 655-1500 Fax (312) 655-1501

Name Print/Type Jon P. Christensen

Registration No. (Attorney/Agent) 34,137

Signature

Date

September 26, 2000

Burden Hour Statement: This form is estimated to take 0.2 hours to complete. Time will vary depending upon the needs of the individual case. Any  
comments on the amount of time you are required to complete this form should be sent to the Chief Information Office, Patent and Trademark Office,  
Washington, DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Assistant Commissioner for Patents,  
Box Patent Application, Washington, DC 20231.

<h2 style="margin: 0;">FEE TRANSMITTAL</h2> <h3 style="margin: 0;">for FY 2000</h3> <p style="margin: 5px 0 0 20px;"><i>Patent fees are subject to annual revision.</i></p> <p style="margin: 0 0 0 20px;"><i>Small Entity payments must be supported by a small entity statement, otherwise large entity fees must be paid. See Forms PTO/SB09-12. See 37 C.F.R. § 1.27 and 1.28</i></p>	<p style="text-align: center; font-weight: bold; margin: 0;">Complete if Known</p> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%;">Application Number</td> <td>not yet assigned</td> </tr> <tr> <td>Filing Date</td> <td>herewith</td> </tr> <tr> <td>First Named Inventor</td> <td>Shambaugh</td> </tr> <tr> <td>Examiner Name</td> <td>not yet assigned</td> </tr> <tr> <td>Group/Art Unit</td> <td>not yet assigned</td> </tr> <tr> <td>Attorney Docket Number</td> <td>00EC017/77778</td> </tr> </table>	Application Number	not yet assigned	Filing Date	herewith	First Named Inventor	Shambaugh	Examiner Name	not yet assigned	Group/Art Unit	not yet assigned	Attorney Docket Number	00EC017/77778
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METHOD OF PAYMENT (check one)	FEE CALCULATION (continued)																																																																																																																																																																																			
<p>1. <input checked="" type="checkbox"/> The Commissioner is hereby authorized to charge indicated fees and credit any over payments to:</p> <div style="border: 1px solid black; padding: 5px; margin: 5px 0;">             Deposit Account Number: 03-2470              Deposit Account Name: Rockwell           </div> <p><input checked="" type="checkbox"/> Charge any Additional Fee Required Under 37 CFR. 1.16 and 1.17</p> <p>2. <input type="checkbox"/> Payment Enclosed:</p> <div style="display: flex; justify-content: space-around; margin-top: 5px;"> <input type="checkbox"/> Check           <input type="checkbox"/> Money Order           <input type="checkbox"/> Other         </div>	<h3 style="margin: 0;">3. 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